

## Attachment 5

### Medical Symptoms that May Affect Outcome of Pregnancy

#### Anemia

Anemia is a reduction in the amount of hemoglobin, the oxygen-carrying component of red blood cells, in the bloodstream. Symptoms include fatigue, weakness, irritability, headaches, increased need for sleep, and loss of concentration. Anemia may cause adverse pregnancy outcomes for infants and mothers (fetal death, low birth weight, prematurity, and intrauterine growth retardation). If the woman has anemia, encourage her to obtain appropriate diagnostic testing and medical care, further in-depth nutrition assessment, and education.

#### Asthma and Asthma Meds

Symptoms of asthma include shortness of breath, increased mucous secretions (caused by allergens, chemical irritants, drugs, exertions, infection, excitement, and cold air). A woman with severe symptoms may deliver a low birth weight baby. Asthma medications are usually safe to take during pregnancy. If the woman has asthma, develop a plan with her health care provider to help her recognize and avoid those situations that trigger an attack.

#### Chlamydia or Gonorrhea (clap)

Chlamydia and gonorrhea (clap) are the most common sexually transmitted diseases in the United States. A woman with one of these diseases may have preterm labor, pelvic inflammatory disease, and increased risk for ectopic pregnancy or sterility. The disease can also spread to the baby at birth and the baby is at risk for pneumonia or blindness. If the woman has one of these diseases, refer her to a health care provider and follow up on her diagnosis and treatment.

#### Chronic Kidney Disease

If the woman has renal disease that progresses and function declines, the ability to sustain the pregnancy declines. To ensure that the woman receives adequate treatment, frequently contact members of her health care team. The team should include a nephrologist,

obstetrician, a clinical nutritionist, and a skilled obstetrical nurse. Care for the woman should involve diet management and planning for adequate rest.

#### Cystic Fibrosis

Cystic fibrosis primarily affects non-Hispanic whites. Symptoms include chronic respiratory infections and poor digestion. The woman is at increased risk for low weight gain. Make sure the woman meets special nutritional needs.

#### Diabetes

Diabetes is a condition that results when the body cannot make or use adequate insulin which is needed to properly metabolize carbohydrates and fats in food and maintain proper blood glucose (sugar) levels. During pregnancy, the diabetic woman may experience more difficulty in controlling blood glucose levels, increased urinary tract infections, and excessive amniotic fluid.

If the condition is well-controlled, the risks for mother and infant are reduced, but there is a risk for miscarriage. If the condition is poorly controlled, the infant is more likely to have a high birth weight, respiratory problems, congenital abnormalities, neonatal hypoglycemia, hyperbilirubinemia, or be stillborn. Encourage the woman to carefully monitor her blood glucose levels, dietary intake, and insulin or other medications throughout her pregnancy. Give the woman information on how to deal with hypoglycemia. All diabetic women should wear a "Medical Alert" bracelet or necklace.

#### Down's Syndrome

Down's syndrome is caused by a genetic defect. It is not an inherited disease. Instead of two number 21 chromosomes, a person with Down's syndrome has three. If there is a family history of Down's syndrome or the woman is older than 35, there is a higher risk that the infant will have it. Prenatal testing is usually offered to women who are 35 or older and who have had other children with chromosome disorders.

## Eating Disorders

A woman with *anorexia nervosa* has a distorted body image, inability to eat, and extreme fear of being fat. If the woman is anorexic, she may remain underweight throughout pregnancy.

A woman with *bulimia nervosa* has an uncontrollable intake of huge amounts of food (binging) followed by self-induced vomiting and laxative abuse. If the woman is bulimic, she may have an abnormal weight gain pattern and an adverse biochemical environment for the fetus.

If the woman has one of these conditions, she should receive special obstetrical care that includes services of a therapeutic dietician who works with the woman's physician in assessing nutritional status and needs and weight gain goals and who supports the woman to eat appropriately.

## Epilepsy or Seizures

Epilepsy or seizures can lead to a complex set of symptoms including abnormal electrical charges occurring in the brain. If the woman has epilepsy or seizures, she may experience episodes of unconsciousness, altered state of consciousness, muscular spasms, and other behavior alterations. If the woman is closely monitored by her health care provider, good birth outcomes are probable. Physicians will alter medications so they won't harm the fetus. A pregnant woman *should not* increase, decrease, or stop taking her medication. Give information to the woman to help her understand the condition as it relates to her pregnancy and new role as a parent.

## Heart Disease

Heart disease includes symptoms such as severe shortness of breath, faintness with exertion, or chest pain related to exertion. Babies are at increased risk of being small in size and premature. If the woman has congenital heart disease, the baby has an increased risk for inheriting the condition as well. Make sure the woman is referred for a genetic evaluation. Also reinforce the medical prenatal care plan that may include the prevention of excessive weight gain, abnormal fluid retention, anemia or infection, and increased rest periods.

## Hemophilia

Hemophilia is a condition when the blood lacks a substance needed for clotting. Women rarely have hemophilia disease but may be carriers of the trait. If the woman is a carrier, there is a 50 percent chance that her male child will have hemophilia disease. If the woman has a family history of hemophilia, refer her to a genetics counselor.

## Hepatitis B (HBsAg)

Hepatitis B is a liver disease caused by the Hepatitis B virus that is transmitted through exposure to infective body fluids (blood, semen, vaginal fluids, and saliva). If the woman is HBsAg-positive and HBeAg-positive, there is a 70 to 90 percent risk of transmitting it to the infant. These infants have a 5 to 10 percent risk of obtaining it prenatally and the remainder are infected at the time of delivery. Prenatal HBsAg testing of all pregnant women is now recommended. Infants born to HBsAg-positive mothers should receive doses of Hepatitis B vaccine and HBIG within 12 hours of birth or as soon as the mother is found out to be infected.

## High Blood Pressure (Hypertension, Pregnancy-Induced Hypertension)

High blood pressure is the result of blood pressure in the arteries being greater than normal. Symptoms include elevated blood pressure, sudden weight gain (greater than 1 lb/day), constant or severe headaches, blurred vision or spots in front of eyes, pain in upper right part of abdomen, and swelling in the face. If the symptoms are neglected or not treated properly, the condition may become life threatening quickly. A pregnant woman may experience convulsions or a stroke. Blood flow to the placenta decreased as much as 50 percent causes the fetus to be deprived of oxygen and nutrients. Assist the woman to follow nutritional requirements. Bed rest is frequently recommended. Ensure appropriate medical care, in-depth nutrition assessment and counseling, monitoring of blood pressure, and adequate rest. Daily home visits may be necessary.

## Kidney/Bladder infections

Kidney and bladder infections are common during pregnancy. Symptoms of bladder infections include frequent urination, burning, pain during urination, discomfort in the lower abdomen, and sometimes blood

in the urine. Symptoms of kidney infections include chills, fever, nausea or vomiting. Untreated kidney infections may be life threatening to the mother and are associated with preterm labor. Prompt medical treatment or hospitalization is required.

## Mental Health Problems

A woman with a history of mental health problems may require more time intensive care coordination. If the woman has a history of suicide attempts, she should be put in direct contact with her mental health provider. Asking the woman about her prescription use may reveal treatment for depression, anxiety, schizophrenia, or other mental health problems. A woman taking medication for her condition should continue to do so unless directed otherwise by her health care provider.

## Phenylketonuria (PKU)

Phenylketonuria (PKU) is caused by the lack of the enzyme that metabolizes phenylalanine, an amino acid in protein. If it is not treated, it may build up, and brain development can be severely affected resulting in mental retardation. High levels of phenylalanine can have very harmful effects on a developing fetus. A woman with PKU needs to follow the nutritional regime before conception and remain on the diet throughout her pregnancy. A woman with an elevated phenylalanine level should be immediately referred to a PKU clinic.

## Physical or Sensory Disabilities

A woman with physical or sensory disabilities may require more time-intensive care coordination. Work closely with her interpreter or health care provider. Refer her to an interpreter as soon as possible if she does not have one.

## Sickle Cell Disease

Sickle cell disease primarily affects people of African descent. A woman with the disease may experience anemia, preterm labor, growth retardation, or stillbirth. Ensure specialized prenatal care that can manage anemia and prevent or reduce sickle cell crises during pregnancy. Assess the woman for frequency of infections and assurance of adequate folic acid intake. A Hemoglobin Electrophoresis is recommended for all women of African descent.

## Tuberculosis (TB)

Tuberculosis is a bacterial infection that primarily affects the lungs, but may also involve the kidneys and other body systems. A skin test is the only way to tell if the woman has been infected and the disease is dormant. If the woman has pulmonary TB, she will have a productive cough, weight loss, night sweats, fatigue, fever, and hemotysis. If it is recognized and treated promptly, it will not have a damaging effect on the pregnancy. Antibiotics are administered throughout the pregnancy. The side effects of the medication are of some concern but it may be better than not treating the woman at all.

All possible cases of TB must be reported to the local health department or the State TB Control Program as soon as possible. Inform the woman of medication side effects and thoroughly explain the need for treatment.